

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Roberto Manilow *et al.*

Serial No.: 09/353,126

Filed: July 14, 1999

Title: **DIAGNOSTIC METHODS FOR DRUG
SCREENING FOR ALZHEIMER'S DISEASE**

Examiner: NYA

Art Unit: 1645

TRANSMITTAL LETTER

Application Processing Division – Customer Correction Branch
 Assistant Commissioner for Patents
 Washington, D.C. 20231

Sir:

Transmitted herewith are the following documents in the above-identified application.

Request for Correction of Filing Receipt.
 Return postcard (postage prepaid).

The fees have been calculated as shown below:

				<u>Small Entity</u>		<u>Large Entity</u>	
<u>Claims</u>	<u>Remain after Amend</u>	<u>Highest No. Prev. Paid</u>	<u>Pres. Extra</u>	<u>Rate</u>	<u>Fee</u>	<u>Rate</u>	<u>Fee</u>
Total:				x \$9	= \$	x \$18	= \$
Indep:				x \$39	= \$	x \$78	= \$

If Multiple dependent Claims are used for the first time in this application, add \$130 (small entity) \$260 (large entity).

RECEIVED
TECH CENTER 1600/2900
OCT 21 AM 8:27
1999

CERTIFICATE OF FIRST CLASS MAILING

I hereby certify that this paper or fee is being deposited with the United States Postal Service as first class mail in an envelope addressed to App. Processing Div., Washington, D.C. 20231 on 25 August, 1999

Signature: Sarah M. BarnettPrinted Name: Sarah M. Barnett

Total Additional Claims Fee: \$

<u>Extension of Time Fee</u>	<u>Small Entity</u>	<u>Large Entity</u>
[] One Month	\$ 55	\$ 110
[] Two Months	\$190	\$ 380
[] Three Months	\$435	\$ 870
[] Four Months	\$680	\$1360
[] Five Months	\$925	\$1850

Extension of Time Fee

Other fees (list individually):

Total Other Fees:

TOTAL FEES: \$

- [] A check including the amount of the above-indicated TOTAL FEES is attached.
- [] Please charge Deposit Account No. 18-0020 in the amount of \$_____.
- [] A check in the amount of \$____ is attached.
- [X] No fee is required.
- [] Conditional Petition for Extension of Time: An extension of time is requested in the present and/or the above-referenced parent application to provide for timely filing if an extension of time is still required after all papers filed with this transmittal have been considered.
- [X] The Commissioner is hereby authorized to charge any underpayment of the following fees associated with this communication, including any necessary fees for extension of time, or credit any overpayment to Deposit Account No. 18-0020.

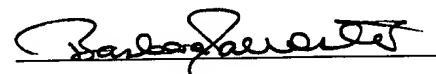
- [X] Any filing fees under 37 CFR 1.16 including fees for the presentation of extra claims.
- [X] Any parent application processing fees under 37 CFR 1.17.

RECEIVED
TECH CENTER 1600/2900
99 OCT 21 AM 8:27
\$

[X] A duplicate copy of this sheet is attached for accounting purposes.

Respectfully submitted,

Date: August 20, 1995



Barbara Rae-Venter, Ph.D.
Reg. No. 32,750

Rae-Venter Law Group, P.C.
P. O. Box 60039
Palo Alto, CA 94306
Telephone: (650) 328-4400
Facsimile: (650) 328-4477

BRV/jsz - Encls.

PATENT

ATTORNEY DOCKET NO. CSHL.005.01US

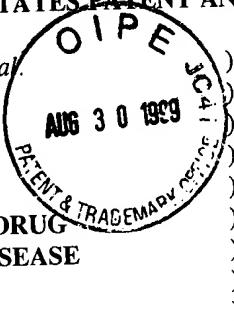
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Roberto Malinow *et al.*

Serial No.: 09/353,126

Filed: July 14, 1999

For: DIAGNOSTIC METHODS FOR DRUG
SCREENING FOR ALZHEIMER'S DISEASE



Examiner: NYA
Art Unit: NYA

REQUEST FOR CORRECTION OF
FILING RECEIPT

Application Processing Division - Customer Correction Branch

Assistant Commissioner for Patents

Washington, D.C. 20231

Sir:

In accordance with 37 C.F.R. §§ 1.53(a), (b) and 1.54(b), please issue a corrected filing receipt for this application. A copy of the incorrect receipt with the requested change noted thereon is attached for reference.

The corrected filing receipt should read:

Applicant(s) ROBERTO MANILOW, COLD SPRING HARBOR, NY; SHAHID ZAMAN, COLD
SPRING HARBOR, NY; SANGRAM S. SISODIA, CHICAGO, IL; DAVID R.
BORCHELT, BALTIMORE, MD; MICHAEL K. LEE, BALTIMORE, MD.

The error was committed after submission of the application to the Patent and Trademark Office. As evidence, please find enclosed a copy of the transmittal showing the correct spelling of Shahid Zaman's name and Cold Spring Harbor.

If a fee is due, the Commissioner is hereby authorized to charge any underpayment of the fees associated with this communication, including any necessary fees for extension of time, or credit any overpayment to our Deposit Account (see Transmittal).

Respectfully submitted,

Dated: August 20, 1999


Barbara Rae-Venter, Ph.D.
Reg. No. 32,750

Rae-Venter Law Group, P.C.
P. O. Box 60039
Palo Alto, CA 94306
Telephone: (650) 328-4400
Facsimile: (650) 328-4477

BRV/jsz
Encl.

FILE

PATENT

ATTORNEY DOCKET NO. CSHL.005.01US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Roberto Malinow et al
Serial No.: Not yet assigned
Filed: July 14, 1999
For: Diagnostic Methods for Drug Screening
for Alzheimer's Disease

O P E R A T I O N
AUG 30 1999
P A T E N T & T R A D E M A R K O F F I C E

) Examiner: Not yet assigned
) Art Unit: Not yet assigned
) **UTILITY PATENT APPLICATION**
) **TRANSMITTAL (37 C.F.R.)**
) **§ 1.53(b))**
)

BOX PATENT APPLICATION
Commissioner of Patents and Trademarks
Washington, D.C. 20231

COPY

Sir:

This is a request for filing a patent application under 37 C.F.R. § 1.53(b) in the name of inventors: Roberto Malinow, Sahid Zaman, Sangram S. Sisodia, David R. Borchelt, and Michael K. Lee

For: Diagnostic Methods for Drug Screening for Alzheimer's Disease

This application is a Continuation Divisional Continuation-in-part of prior Application No.: 09/193,221 filed November 16, 1998, from which priority under 35 U.S.C. § 120 is claimed.

Application Elements:

14 Pages of Specification, Claims and Abstract
4 Sheets of formal Drawings

CERTIFICATE OF EXPRESS MAILING

"Express Mail" Label No.: EL288327221US

Date of Deposit: 7/14/99

I hereby certify under 37 C.F.R. 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to the Commissioner of Patents and Trademarks, Washington, D.C. 20231.

Andrea Johnson
(Signature)
(Printed Name)

Declaration

Unexecuted Combined Inventor Declaration and Power of Attorney
 Copy from prior application (37 CFR 1.63(d) for a continuation or divisional).

The entire disclosure of the prior application from which a copy of the declaration is herein supplied is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

Deletion of inventors Signed statement attached deleting inventor(s) named in the prior application, *see* CFR 1.63(d)(2) and 1.33(b).

Accompanying Application Parts:

Assignment and Assignment Recordation Cover Sheet (recording fee of \$40.00 enclosed)

Power of Attorney

37 CFR 3.73(b) Statement by Assignee

Information Disclosure Statement with Form 1449

Copies of IDS Citations

Preliminary Amendment

Return Receipt Postcard

Small Entity Statement(s)

Statement filed in prior application.

Status still proper and desired.

Other:

A sequence listing.

paper copy.

computer readable copy.

Statement in Compliance with Requirements for Patent Applications Containing Nucleotide and/or Amino Acid Sequence.

Claim For Foreign Priority

Priority of _____ Application No. _____ filed on _____
is claimed under 35 U.S.C. § 119

The certified copy has been filed in prior application U.S. Application No. 09/193,221
 the certified copy will follow.

Extension of Time for Prior Pending Application

A Petition for Extension of Time is being concurrently filed in the prior pending application. A copy of the Petition for Extension of Time is attached.

Amendments

Amend the specification by inserting before the first line the sentence: "This is a
 Continuation Continuation-in-part Divisional application of copending prior
 Application No. 09/193,221 filed on November 16, 1999.
 International Application _____ filed on _____, which designated the United States, disclosure of which is incorporated herein by reference."
 Cancel in this application original claims _____ of the prior application before calculating the filing fee

Fee Calculation (37 CFR § 1.16):

<u>FOR:</u>	<u>NO. FILED</u>	<u>NO. EXTRA</u>	<u>SMALL ENTITY</u>		<u>OTHER THAN A SMALL ENTITY</u>	
			<u>RATE</u>	<u>Fee</u>	<u>RATE</u>	<u>Fee</u>
Basic Fee			\$380	\$380	\$760	\$
Total Claims	12	0	\$ 9	\$	\$ 18	\$
Indep Claims	4	1	\$ 39	\$ 39	\$ 78	\$
<input type="checkbox"/> Multiple Dependent Claims			\$130	\$	\$260	\$
Total Filing Fee:				\$419		\$

TOTAL FEES: \$419.00

A check including the amount of the above-indicated TOTAL FEES is attached.
 Please charge Deposit Account No.18-0020 in the amount of \$ _____.
 A check in the amount of \$ _____ is attached.
 No fee is required.
 Conditional Petition for Extension of Time: An extension of time is requested in the present and/or the above-referenced parent application to provide for timely filing if an

extension of time is still required after all papers filed with this transmittal have been considered.

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- Any filing fees under 37 CFR 1.16 including fees for the presentation of extra claims.
- Any parent application processing fees under 37 CFR 1.17.
- A **duplicate** copy of this sheet is attached for accounting purposes.

Respectfully submitted,

Dated: July 14, 1999

By: Barbara Rae Venter
Barbara Rae Venter, Ph.D.
Reg. No. 32,750

Rae-Venter Law Group, P.C.
P.O. Box 60039
Palo Alto, California 94306
Telephone: (650) 328-4400
Facsimile: (650) 328-4477

BRV/kmb
Enclosures

AUG 30 1999

FILING RECEIPT

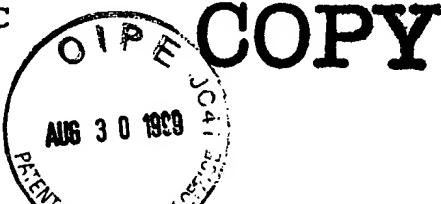
BAHAMA HALL VENICE



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
ASSISTANT SECRETARY AND COMMISSIONER
OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/353,126	07/14/99	1645	\$458.00	CSHL.005.01U	4	12	5

RAE-VENTER LAW GROUP P C
P O BOX 6039
PALO ALTO CA 94306

DOCKETED8/19/99 52

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

SPRING

ZAMAN

Applicant(s) ROBERTO MALINOW, COLD SPRING HARBOR, NY; SHAHID ZEMAN,
COLD ~~PRING~~ HARBOR, NY; SANGRAM S. SISODIA, CHICAGO, IL;
DAVID R. BORCHELT, BALTIMORE, MD; MICHAEL K. LEE,
BALTIMORE, MD.

CONTINUING DATA AS CLAIMED BY APPLICANT-
THIS APPLN IS A CON OF 09/193,221 11/16/98

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/09/99 ** SMALL ENTITY **
TITLE
DIAGNOSTIC METHODS FOR DRUG SCREENING FOR ALZHEIMER'S DISEASE

PRELIMINARY CLASS: 435

DATA ENTRY BY: HARDY, EUGENIA

TEAM: 03 DATE: 08/09/99



(See reverse for new important information)

FILE COPY

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/353,126	07/14/99	435	1645	CSHL.005.01U

APPLICANT
 ROBERTO MALINOW, COLD SPRING HARBOR, NY; SHAHID ZAMAN,
 COLD SPRING HARBOR, NY; SANGRAM S. SISODIA, CHICAGO, IL; DAVID R.
 BORCHELT, BALTIMORE, MD; MICHAEL K. LEE, BALTIMORE, MD.

CONTINUING DOMESTIC DATA***
 VERIFIED THIS APPLN IS A CON OF 09/193,221 11/16/98

SS
 371 (NAT'L STAGE) DATA***
 VERIFIED

SS
 FOREIGN APPLICATIONS***
 VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/09/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 5
Verified and Acknowledged <u>SS</u>	Examiner's Initials _____ Initials _____				

ADDRESS	RAE-VENTER LAW GROUP P C P O BOX 6039 PALO ALTO CA 94306				
DIAGNOSTIC METHODS FOR DRUG SCREENING FOR ALZHEIMER'S DISEASE					

FILING FEE RECEIVED \$458	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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